

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A15000000801

Entity Name: MOBB HEALTH CARE USA, LLLP

Current Principal Place of Business:

16500 COLLINS AVENUE
2353
SUNNY ISLES, FL 33160

Current Mailing Address:

16500 COLLINS AVENUE
2353
SUNNY ISLES, FL 33160 US

FEI Number: 47-5100762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERSHGORIN, KLARA
16500 COLLINS AVENUE
2353
SUNNY ISLES, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #
Name BODMAN, MOSHE
Address 464 HIDDEN TRAIL
City-State-Zip: TORONTO ON CANADA M2R3R8

Document #
Name GERSHGORIN, FELIX
Address 16500 COLLINS AVENUE
2353
City-State-Zip: SUNNY ISLES FL 33160

Document #
Name GERSHGORIN, KLARA
Address 16500 COLLINS AVENUE
2353
City-State-Zip: SUNNY ISLES FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FELIX GERSHGORIN

AMBR

04/22/2019

Electronic Signature of Signing General Partner Detail

Date